
State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life		
Product Name:	Single Premium Non-Renewable One Year Term Life Insurance		
Project Name/Number:	Single Premium Non-Renewable One Year Term Life Insurance/5E-25-12 and UNB-75-12		

Filing at a Glance

Company:	MetLife Investors USA Insurance Company
Product Name:	Single Premium Non-Renewable One Year Term Life Insurance
State:	Arkansas
TOI:	L04I Individual Life - Term
Sub-TOI:	L04I.203 Specified Age or Duration - Single Premium - Single Life
Filing Type:	Form
Date Submitted:	07/31/2012
SERFF Tr Num:	METD-128577741
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	5E-25-12 AND UNB-75-12
Implementation	On Approval
Date Requested:	
Author(s):	Karen Poor, Diane Palermo, Dale Bihlmeyer
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/06/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: Single Premium Non-Renewable One Year Term Life Insurance
Project Name/Number: Single Premium Non-Renewable One Year Term Life Insurance/5E-25-12 and UNB-75-12

General Information

Project Name: Single Premium Non-Renewable One Year Term Life Insurance
Status of Filing in Domicile: Pending
Project Number: 5E-25-12 and UNB-75-12
Date Approved in Domicile:
Requested Filing Mode: Review & Approval
Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission
Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/06/2012
State Status Changed: 08/06/2012
Deemer Date: Created By: Dale Bihlmeyer
Submitted By: Dale Bihlmeyer Corresponding Filing Tracking Number:

Filing Description:

RE: MetLife Investors USA Insurance Company
NAIC #241-61050 FEIN #54-0696644
Individual Life Term Policy and Application Form Filing
Forms: 5E-25-12-ARCTWVWY Non-Renewable One Year Term Life Insurance Policy
UNB-75-12 Tem Life Application
State of Domicile: Delaware

Enclosed are the above referenced forms that are being filed on behalf of MetLife Investors USA Insurance Company.

The above forms are enclosed for your review and approval. These are new forms that will not replace any existing forms. The forms are final subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct minor typographical errors. Finally, "PAGE HAS BEEN INTENTIONALLY LEFT BLANK" will appear on each blank page of the Policy when issued. The forms will be implemented when we are ready to market them in your state.

Policy form 5E-25-12-ARCTWVWY is a single premium Non-Renewable One Year Term Life Insurance Policy. This policy has no cash values and is not subject to illustration requirements. This policy will be issued on a unisex basis only.

Application form UNB-75-12 will be used to apply for policy form 5E-25-12-ARCTWVWY. The term life application will use simplified underwriting. If any of 6 risk questions are answered Yes, the term application will be declined.

Consumer Direct Market

The above referenced forms are intended for use in the direct market where the applicant approaches the Company directly for insurance. The policy can be applied for through an Internet website or a tele-application process - the text from application form UNB-75-12 will be used for both of these approaches.

Application Process

The Internet website application process will use a click to sign electronic signature process and technology that will allow customers to review and sign their applications online electronically. Information collected via the Internet, including the electronic signature, will populate application UNB-75-12 which will become part of term policy 5E-25-12-ARCTWVWY when issued.

State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
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The tele-application process will have the customer service representative taking the phone call reading the questions from the webscreens to the applicant. The tele-application process will use a voice signature to sign the application. Information collected via the tele-application, including the electronic signature, will populate application UNB-75-12 which will become part of term policy 5E-25-12-ARCTWVWY when issued.

The Company has systems in place to ensure security and to ensure that the privacy of the applicant is protected. The process will conform to state requirements with respect to consumer disclosures, signatures (UETA), and right to examine provision.

Variable Areas of the Forms

Items have been bracketed in the enclosed forms to indicate that we will consider it acceptable to change these items in the future without re-filing the form with your Department, unless you advise otherwise during your review of this form. The number of days in the free look provision has been bracketed so that we may update that number in accordance with the laws and regulations of your state based on how the policy was marketed or issued.

You have our assurance that we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49.

If you have any questions or need further information, please contact me at the 617-578-4730 or kpoor@metlife.com.

Sincerely,

Karen L. Poor

Enclosures: Readability Certificate; Certification; Actuarial Memorandum

Company and Contact

Filing Contact Information

Karen Poor, Senior Contract Consultant	KPoor@metlife.com
501 Boylston Street	617-578-4730 [Phone]
Boston, MA 02116	617-578-5505 [FAX]

Filing Company Information

MetLife Investors USA Insurance Company	CoCode: 61050	State of Domicile: Delaware
222 Delaware Ave. Suite 900	Group Code: 241	Company Type: Life
P.O. Box 25130	Group Name: MetLife Group	State ID Number:
Wilmington, DE 19899	FEIN Number: 54-0696644	
(617) 578-2000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form is required, therefore we are submitting \$100.00

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: Single Premium Non-Renewable One Year Term Life Insurance
Project Name/Number: Single Premium Non-Renewable One Year Term Life Insurance/5E-25-12 and UNB-75-12

Per Company: No

Company	Amount	Date Processed	Transaction #
MetLife Investors USA Insurance Company	\$100.00	07/31/2012	61308969

State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/06/2012	08/06/2012

State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life		
Product Name:	Single Premium Non-Renewable One Year Term Life Insurance		
Project Name/Number:	Single Premium Non-Renewable One Year Term Life Insurance/5E-25-12 and UNB-75-12		

Disposition

Disposition Date: 08/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Compliance Certification		Yes
Form	Single Premium Non-Renewable One Year Term Life Insurance		Yes
Form	Simplified Issue Application		Yes

State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life		
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Form Schedule

Lead Form Number: 5E-25-12-ARCTWVWY							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		5E-25-12-ARCTWVWY	POL	Single Premium Non-Renewable One Year Term Life Insurance	Initial:	51.400	5E-25-12-ARCTWVWY.pdf
2		UNB-75-12	AEF	Simplified Issue Application	Initial:	54.200	UNB-75-12 Bracketed printed.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

NON-RENEWABLE ONE YEAR TERM LIFE INSURANCE POLICY

Non-Participating

This is a non-renewable one year term life insurance policy. The Single Premium is shown on the Policy Specifications page. If the Insured dies while this Policy is in force, We will pay the Policy Proceeds to the Beneficiary. We must receive proof of the Insured's death. Any payment will be subject to all of the provisions of this Policy.

RIGHT TO EXAMINE POLICY

Please read this Policy. You may return this Policy to Our Designated Office within [10] days from the date You receive it. If You return it within this period, We will refund any premium paid and this Policy will be void from the start.

This Policy is a legal contract between You and MetLife Investors USA Insurance Company. PLEASE READ YOUR CONTRACT CAREFULLY.

If You have any questions or need assistance relating to this Policy, please contact Us at Our Designated Office:

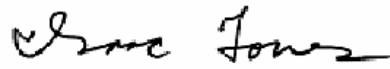
MetLife Investors USA Insurance Company
[P.O. Box 80406
Lincoln, Nebraska 68501
1-877-MET-6229]

Please include Your full name, address, and policy number with all correspondence.

Signed for the Company at its Main Administrative Office, [Irvine, CA 92614]



President



Secretary

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Endorsements and Amendments, if any, and copies of the Application follow the final section of this Policy.

POLICY SPECIFICATIONS

Insured: [JOHN MIDDLE DOE]
Policy Number: [SPECIMEN]
Policy Start Date: [APRIL 6, 2012]
Policy Issue Date: [APRIL 6, 2012]
Policy End Date: [APRIL 5, 2013]
Issue Age of Insured: [35]
Sex: [MALE]
Issue State: [Arkansas]

Issue Age Range [18 to 65]

Schedule of Benefits and Premiums

Benefit	Face Amount	Single Premium
NON-RENEWABLE ONE YEAR TERM	[\$10,000]	[\$69.00]

(UNISEX BASIS)

1. DEFINITIONS

Application	The application, including any amendments, for this Policy. A copy of the Application is attached to this Policy.
Beneficiary	The person(s) or entity(ies) You named to receive the payment of the benefit under this Policy.
Designated Office	The office set forth as Our Designated Office on the first page of this Policy or any other office We designate.
In Writing	In a written form (which includes on paper or transmitted by electronic means) satisfactory to Us, consistent with applicable laws, and received at Our Designated Office.
Insured	The person whose life is insured under this Policy. The name of the Insured is shown on the Policy Specifications page.
Issue Age	The age of the Insured as of his or her last birthday. The Issue Age is shown on the Policy Specifications page.
Issue Age Range	The range of Issue Ages from minimum to maximum at which We will issue this Policy. The Issue Age Range is shown on the Policy Specifications page.
Issue State	The state in which this Policy is issued as shown on the Policy Specifications page.
Owner	The owner of this Policy.
Policy End Date	The date this Policy ends as shown on the Policy Specifications page.
Policy Issue Date	The Policy Issue Date is shown on the Policy Specifications page. It is the date from which the contestable period for the coverage is measured.
Policy Start Date	The date this Policy takes effect as shown on the Policy Specifications page. Policy years, months and anniversaries are all measured from the Policy Start Date.
We, Us and Our	MetLife Investors USA Insurance Company.
You and Your	The Owner of this Policy.

2. START OF THIS POLICY

Policy Start Date	<p>This Policy will begin on the Policy Start Date if all of the following are true on that date:</p> <ol style="list-style-type: none">1. The Insured's Issue Age is within the Issue Age Range;2. The Insured's permanent address is located in the Issue State;3. The Application for this Policy has been approved by Us; and4. The Single Premium for this Policy, as shown on the Policy Specifications page, has been received by Us.
--------------------------	---

3. END OF THIS POLICY

End of This Policy	<p>This Policy will end on the earliest of the following:</p> <ol style="list-style-type: none">1. The Policy End Date;2. The last day of the policy month in which You request to end this Policy; or3. The date of the Insured's death.
---------------------------	---

4. PAYMENT OF BENEFITS

Policy Proceeds

We will pay the Policy Proceeds to the Beneficiary in one sum upon receipt of proof of the Insured's death. The Policy Proceeds are equal to:

1. The Face Amount shown on the Policy Specifications page; plus
2. Any part of the Single Premium paid for coverage beyond the date of death.

We may pay interest on the Policy Proceeds if required by applicable law.

In no event will the amount payable upon the death of the Insured be less than the minimum amount required to permit this Policy to qualify as life insurance under the applicable Federal income tax rules.

Refund of Unearned Premiums

If You ask to end this Policy, We will refund the part of the Single Premium paid for coverage beyond the policy month in which You make Your request.

5. PREMIUM

Payment of Premium

The Single Premium for this Policy is shown on the Policy Specifications page. The Single Premium is due and payable to Us on or before the Policy Start Date. A premium receipt signed by the Secretary of the Company will be furnished upon request.

6. GENERAL PROVISIONS

The Contract

We have issued this Policy in consideration of the Application and payment of the Single Premium. This Policy includes the Application and any endorsements. Together they comprise the entire contract and are made a part of this Policy when the insurance applied for is accepted. This Policy may be changed by mutual agreement. Any change must be In Writing and approved by Our President, Vice-President or Secretary. Our representatives have no authority to alter or change any terms, conditions, or agreements of this Policy, or to waive any of its provisions.

If We make any payment or any policy changes in good faith, relying on Our records or evidence supplied to Us, Our duty will be fully discharged. We reserve the right to correct any errors in this Policy.

Statements in the Application

All statements made by You in the Application will be deemed representations and not warranties. Material misstatements will not be used to void this Policy or to deny a claim unless made in the Application.

Claims of Creditors

To the extent permitted by law, neither this Policy nor any payment under it will be subject to the claims of creditors or to any legal process.

Misstatement of Age

If We determine that there was a misstatement of the age reflected in this Policy, the Face Amount will be the amount the Single Premium paid would have provided based on the correct information. However, if the correct age is outside the Issue Age Range, We will return the Single Premium paid (without interest) and this Policy will be void from the Policy Start Date.

Contestable Period

After this Policy has been in effect for one year from the Policy Issue Date during the Insured's lifetime, we cannot contest the statements made in the Application.

Suicide Exclusion

If the Insured dies by suicide, while sane or insane, while this Policy is in force, the amount payable will be limited to the amount of the Single Premium paid (without interest), or the reserve if greater and required by state law.

7. PERSONS WITH AN INTEREST IN THIS POLICY

Owner

On the Policy Start Date, the Insured is the Owner of this Policy. After the Policy Start Date but before the death of the Insured, You can change the Owner to another person, a partnership, corporation, fiduciary or any other legal entity. The new Owner will succeed to all of the rights of the Owner, including the right to make a further change of Owner. A change of Owner will void any prior Beneficiary designation; however, an irrevocable Beneficiary cannot be changed without his or her consent.

If there is more than one Owner, all Owners must exercise the rights of ownership by joint action. At the death of the Owner, his or her estate will be the Owner, unless a successor Owner has been named. The rights of the Owner will end at the death of the Insured, except as provided in the Beneficiary provision.

Beneficiary

Your Beneficiary can be a person, partnership, corporation, fiduciary or any other legal entity. The initial Beneficiary is named in the Application. After the Policy Start Date but before the death of the Insured, You can change the Beneficiary; however, an irrevocable Beneficiary cannot be changed without his or her consent. The Beneficiary has no interest in the Policy until the death of the Insured. A person must survive the Insured to qualify as Beneficiary. If no Beneficiary survives, the proceeds will be paid to the Owner.

Procedure for Changing the Beneficiary or Owner

You must make a request In Writing to change the Beneficiary or Owner. Once the request is recorded, the change will take effect as of the date You signed the request, whether or not You are living when We receive Your request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before We recorded the change.

Interpretation of Owner and Beneficiary Designations

In naming (designating) Owners or Beneficiaries, unless otherwise stated, if You use the terms below, they will be interpreted as stated in this provision:

1. A general designation of unnamed children as a group of Beneficiaries includes all future children born to or adopted by the Insured after the date of the designation.
2. "Provision for issue" means that if a Beneficiary does not survive the Insured, the share of the Policy Proceeds for that Beneficiary will go to his or her living issue by right of representation; and
3. A designation that specifies a family relationship such as "wife", "husband" or "child" refers to the relationship with the Insured.

Co-beneficiaries will receive equal shares unless otherwise stated.

At the time of payment of benefits, We can rely on an affidavit of any Owner or other responsible person to determine family relations or members of a class.

Assignments

If You make an absolute assignment of the Policy, the assignee will be the new Owner and Beneficiary. A collateral assignment of the Policy by You is not a change of Owner or Beneficiary; but their rights will be subject to the terms of the collateral assignment. Assignments will be subject to all payments made and actions taken by Us before a signed copy of the assignment form is recorded by Us at Our Designated Office. We will not be responsible for determining whether or not an assignment is valid.

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NON-RENEWABLE ONE YEAR TERM LIFE INSURANCE POLICY

Non-Participating



Application for Life Insurance

MetLife Investors USA Insurance Company ("the Company")

SECTION I - About the Proposed Insured

First Name	Middle Name	Last Name
Permanent Address	City	State Zip
Country of Legal Residence	Date of Birth	E-Mail Address
Primary Phone Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security or Tax ID Number
Are you currently in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or do you have a permanent residency status that allows you to legally remain in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 10 years, have you been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II - Name Your Beneficiary

If you need more space for additional Beneficiaries, attach an additional sheet.

I name the following as Beneficiary to receive the benefits under this policy upon my death. Contingent Beneficiaries will ONLY receive benefits under this policy if none of the Primary Beneficiaries are alive when I die.

NOTE: If you name more than one Primary Beneficiary: unless you indicate otherwise, payment will be made to all Primary Beneficiaries in equal shares; share percentages must equal 100 percent; and unless you indicate otherwise, if a Primary Beneficiary predeceases you, his/her share will be equally divided among the surviving Primary Beneficiaries. The same will be true if you name more than one Contingent Beneficiary.

Primary Beneficiary Full Name (First, Middle, Last)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Share %

Contingent Beneficiary Full Name (First, Middle, Last)	Relationship	Date of Birth (Mo./Day/Yr.)	Address (Street, City, State, Zip)	Share %

SECTION III - Coverage Selected

Non-Renewable One Year Term Life Insurance Policy Face Amount: \$ _____

By applying for this life insurance policy, do you plan to replace, cancel, withdraw money from, take a loan from, reduce premium payments for, or otherwise change an existing life insurance policy or annuity?

☐ Yes ☐ No

SECTION IV - Payment Information

PAYMENT METHOD (Check ALL that apply.)

<input type="checkbox"/> Pre-Paid Card(s)	Amount Collected with Application: \$ _____
<input type="checkbox"/> Electronic Funds Transfer	Name(s) on Bank Account/Account Holder: _____
	Name of Financial Institution: _____
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount Collected with Application: \$ _____
	Bank Routing Number: _____ Bank Account Number: _____
<input type="checkbox"/> Debit/Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
	Account Number: _____ Expiration Date: _____ CCV #: _____
Name as it Appears on Card: _____	Amount Collected with Application: \$ _____



SECTION V - General Risk Questions

1. In the next [3] months: are you scheduled for medical treatment (other than childbirth) in a hospital or other medical facility that will require an overnight stay; or are you scheduled to receive chemotherapy or radiation? ☐ Yes ☐ No
2. In the past [3] months, have you received hospice care, or lost more than a total of 15 days from work or, if you do not work, were not able to do your customary household or daily activities due to a disease or a medical condition other than childbirth? ☐ Yes ☐ No
3. In the past [3] months, have you required an overnight stay in: a hospital; or a rehabilitation, nursing, or mental health care facility that was due to a disease or a medical condition other than childbirth? ☐ Yes ☐ No
4. In the past [10] years, have you been diagnosed with: congestive heart failure; liver cirrhosis; an illness that required kidney dialysis or home oxygen; or a terminal illness with a life expectancy of 2 years or less? ☐ Yes ☐ No
5. In the past [10] years, have you been diagnosed or treated by a physician or other health care provider for AIDS (Acquired Immune Deficiency Syndrome) or HIV (AIDS Human Immunodeficiency Virus)? ☐ Yes ☐ No
6. In the past [10] years, have you been treated or given medical advice by a physician or other medical care provider for alcohol and/or drug abuse or have you been convicted of driving under the influence of alcohol and/or drugs? "Drugs" includes any prescribed or non-prescribed drugs and/or any illegal drugs. ☐ Yes ☐ No

Agreement / Disclosure

To the best of my knowledge and belief, all statements in this application for life insurance, including any amendments, are true and complete.

- My statements in this application and any amendment(s) are the basis of any policy issued.
- This application and any amendment(s) to this application will be attached to and become part of the new policy.
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- No insurance will take effect until: this application is approved by the Company; a policy is issued to me; and the single premium for insurance has been paid. I understand that if I am under age [18] or over age [65] on the date of this application, no coverage will be provided under the policy.
- If I have requested a payment method of Electronic Funds Transfer from my bank account, I authorize the Company to initiate a one-time Electronic Funds Transfer through Metropolitan Life Insurance Company from the deposit account identified in the application, using the Automatic Clearing House on or after the first business day following the date of this application.

Fraud Warnings

Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma, Rhode Island

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

District of Columbia, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Signatures

Signature of Proposed Insured	Date	Signed at City, State
_____	_____	_____
▶		
Signature of Producer (where required)	Date	Signed at City, State
_____	_____	_____
▶		



State:	Arkansas	Filing Company:	MetLife Investors USA Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life		
Product Name:	Single Premium Non-Renewable One Year Term Life Insurance		
Project Name/Number:	Single Premium Non-Renewable One Year Term Life Insurance/5E-25-12 and UNB-75-12		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Read Cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Please see forms schedule		
		Item Status:	Status Date:
Satisfied - Item:	Life & Annuity - Acturial Memo		
Comments:			
Attachment(s):			
5E-25-12 Act Memo Life 040212.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Compliance Certification		
Comments:			
Attachment(s):			
AR Compliance Cert.pdf			

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)
5E-25-12-ARCTWVWY
UNB-75-12

Flesch Score(s)
51.4
54.2



Karen A. Johnson, Vice President

7/31/2012

Date

**METLIFE INVESTORS USA INSURANCE COMPANY
ACTUARIAL MEMORANDUM**

**Non-Renewable One Year Term Life Insurance
Policy Form 5E-25-12**

I. Description

This policy provides a benefit payable upon the death of the insured. The benefit expires one year from the Policy Start Date. The policy is non-renewable. A single premium is paid as of the Policy Start Date. The policy is available for issue ages 18 to 65. Premium rates vary by age and face amount, but not by sex or smoker status.

II. Calculation Basis

Reserves are calculated compliant with Regulation XXX methodology using 2001 CSO Age Last Birthday, Male Aggregate and Female Aggregate mortality, and 4.5% interest. Continuous functions were used. Deficiency reserves were calculated using an X-factor as defined in Regulation XXX. The X-factors vary by age and gender. A minimum reserve based on Cx for the period remaining is also calculated using the same 2001 CSO tables.

No cash values are required under the Standard Nonforfeiture Law for this policy. If the policy is terminated prior to one year from the Policy Start Date, the premium paid for coverage beyond the policy month of termination is refunded.



James J Reilly, FSA, MAAA
Vice President & Actuary

MetLife Investors USA Insurance Company
222 Delaware Ave, Suite 900, PO Box 25130, Wilmington, DE 19899

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

7/31/2012

Date